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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number <div style="font-size: 1.2em; font-family: cursive;">10/608790</div>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> CLAIMS AS FILED - PART I <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (Column 1) (Column 2) </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 20%;">FOR</th> <th style="width: 40%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE (37 CFR 1.16(a))</td> <td></td> <td></td> </tr> <tr> <td>TOTAL CLAIMS (37 CFR 1.16(c))</td> <td style="text-align: center; font-size: 1.2em;">30</td> <td style="text-align: center;">minus 20 = 0</td> </tr> <tr> <td>INDEPENDENT CLAIMS (37 CFR 1.16(b))</td> <td style="text-align: center; font-size: 1.2em;">6</td> <td style="text-align: center;">minus 3 = 0</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</td> </tr> </tbody> </table> </div> <div style="width: 35%;"> SMALL ENTITY OR OTHER THAN SMALL ENTITY <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </tbody> </table> </div> </div>							FOR	NUMBER FILED	NUMBER EXTRA	BASIC FEE (37 CFR 1.16(a))			TOTAL CLAIMS (37 CFR 1.16(c))	30	minus 20 = 0	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 = 0	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			RATE	FEE		\$ _____	X \$ _____ =		X \$ _____ =		+ \$ _____ =		TOTAL	
FOR	NUMBER FILED	NUMBER EXTRA																															
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TOTAL																																	
* If the difference in column 1 is less than zero, enter "0" in column 2.																																	
CLAIMS AS AMENDED - PART II																																	
AMENDMENT A	10/10/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
		Total (37 CFR 1.16(c))	Minus **	=																													
		Independent (37 CFR 1.16(b))	Minus ***	=																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																
AMENDMENT B	6/24/06	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
		Total (37 CFR 1.16(c))	Minus **	=																													
		Independent (37 CFR 1.16(b))	Minus ***	=																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																													
		Total (37 CFR 1.16(c))	Minus **	=																													
		Independent (37 CFR 1.16(b))	Minus ***	=																													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The following information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10608790

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 =	
INDEPENDENT CLAIMS	6 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	92	33	
	Independent	6	6	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	234
X84=	252
+280=	
TOTAL	1726

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	30	33	0
	Independent	6	6	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	5	33	
	Independent		6	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
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